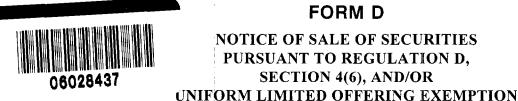
## FORM D



#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** 

| OMB APPROVAL      |           |  |  |  |  |  |
|-------------------|-----------|--|--|--|--|--|
| OMB Number:       | 3235-0076 |  |  |  |  |  |
| Expires:          |           |  |  |  |  |  |
| Estimated averag  | e burden  |  |  |  |  |  |
| hours per respons | e16.00    |  |  |  |  |  |

|     | SEC USE ONLY |      |         |      |          |  |  |  |  |
|-----|--------------|------|---------|------|----------|--|--|--|--|
|     | Pref         | X    |         |      | Serial   |  |  |  |  |
|     |              |      |         |      |          |  |  |  |  |
|     |              | Ð    | ATE REC | EIVE | )        |  |  |  |  |
|     |              | A    |         |      |          |  |  |  |  |
| V   |              |      | KON     |      |          |  |  |  |  |
| 746 | ECE          | EIVI | ED V    | -    |          |  |  |  |  |
|     |              |      | 10      |      | <b>\</b> |  |  |  |  |
| Ð   | 17           | Г    | 2000    |      |          |  |  |  |  |

| Name of Offering ( check if this is an amend   | Ament and name has changed, and indicate change.)       | PECEIVED                               |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| Private Placement of Secured Convertible I   | Notes   | 73"                                    |  |  |  |  |  |  |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) TOLOE Rule 506 Section 4(6) TOLOE Rule 506 New Filing Amendment |   |  |  |  |  |  |  |  |
| Type of Filing:  | ent   | MAR 1 5 2006 >>                        |  |  |  |  |  |  |
| <u> </u>   |   | No.                                    |  |  |  |  |  |  |
|  | A. BASIC IDENTIFICATION DATA                            |  |  |  |  |  |  |  |
| 1. Enter the information requested about the issu  | uer   | XC 213/57                              |  |  |  |  |  |  |
| Name of Issuer ( check if this is an amendme   | nt and name has changed, and indicate change.)          |  |  |  |  |  |  |  |
| Paxton Energy, Inc.  |   | ~                                      |  |  |  |  |  |  |
| Address of Executive Offices   | (Number and Street, City, State, Zip Code)              | Telephone Number (Including Area Code) |  |  |  |  |  |  |
| 2533 North Carson Street, Suite 6232, Cars   | son City, NV 89706                                      | (916) 797-0207                         |  |  |  |  |  |  |
| Address of Principal Business Operations (if different from Executive Offices)   | (Number and Street, City, State, Zip Code)              | Telephone Number (Including Area Code) |  |  |  |  |  |  |
| Brief Description of Business  |   |  |  |  |  |  |  |  |
| Oil and gas drilling   |   |  |  |  |  |  |  |  |
|  |   | SPACECER                               |  |  |  |  |  |  |
| Type of Business Organization  |   | PRUVEDULU                              |  |  |  |  |  |  |
|  | ted partnership, already formed other                   | (please specify):                      |  |  |  |  |  |  |
| business trust limit   | ted partnership, to be formed                           | MAR 2 7 2006                           |  |  |  |  |  |  |
|  | Month Year  |  |  |  |  |  |  |  |
| Actual or Estimated Date of Incorporation or Organ   |   | imated THOMSON                         |  |  |  |  |  |  |
|  | ter two-letter U.S. Postal Service abbreviation for Sta |  |  |  |  |  |  |  |
|  | 'N for Canada; FN for other foreign jurisdiction)       | N $V$                                  |  |  |  |  |  |  |

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION :

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

|   |                       | A. BASIC IE   | DENTIFICATION DATA            |                    |   |
|---|-----------------------|---|-------------------------------|--------------------|---|
| 2. Enter the information re             | equested for the fo   | ollowing:   |                               |                    |   |
| • Each promoter of                      | the issuer, if the is | ssuer has been organized  | within the past five years;   |                    |   |
| <ul> <li>Each beneficial ow</li> </ul>  | oner having the pov   | we'r to vote or dispose, or d   | irect the vote or disposition | of, 10% or more of | f a class of equity securities of the issue |
| • Each executive of                     | ficer and director o  | of corporate issuers and o  | f corporate general and ma    | naging partners of | partnership issuers; and                    |
| • Each general and i                    | managing partner      | of partnership issuers.   |                               |                    |   |
| Check Box(es) that Apply:               | Promoter              | Beneficial Owner  | Executive Officer             | ✓ Director         | General and/or                              |
| encer Ben(es) that rippi).              |                       | Bonomoral owner   | Discount officer              | ₽ Birector         | Managing Partner                            |
| Full Name (Last name first,             | if individual)        |   |                               |                    |   |
| Freiheit, Robert                        | ,                     |   |                               |                    |   |
| Business or Residence Addre             | ess (Number and       | Street, City, State, Zip C  | Code)                         |                    |   |
| 4120 Douglas Blvd., Suit                |                       |   |                               |                    |   |
| Check Box(es) that Apply:               | Promoter              | Beneficial Owner  | Executive Officer             | Director           | General and/or                              |
| . ,                                     |                       |   | usc.                          |                    | Managing Partner                            |
| Full Name (Last name first, i           | if individual)        |   |                               |                    |   |
| McKenzie, Keith J.                      | ,                     |   |                               |                    |   |
| Business or Residence Addre             | ss (Number and        | Street, City, State, Zip C  | Code)                         |                    |   |
| he Marine Bldg, Suite 11                |                       |   |                               |                    |   |
| Check Box(es) that Apply:               | Promoter              | Beneficial Owner  | Executive Officer             | Director           | General and/or                              |
|   |                       | , <b></b>   |                               |                    | Managing Partner                            |
| Full Name (Last name first, i           | f individual)         |   |                               |                    |   |
| , | ,                     |   |                               |                    |   |
| Business or Residence Addre             | ss (Number and        | Street, City, State, Zip C  | (ode)                         |                    |   |
|   |                       |   | ,                             |                    |   |
| Check Box(es) that Apply:               | Promoter              | Beneficial Owner  | Executive Officer             | Director           | General and/or                              |
|   |                       |   |                               |                    | Managing Partner                            |
| Full Name (Last name first, i           | f individual)         |   |                               | .,                 |   |
| an rumo (Bast hame mot, 1               | i marradar)           | a contract of the contract of |                               |                    |   |
| Business or Residence Addre             | ss (Number and        | Street City State Zin C   | ode)                          |                    |   |
|   |                       | i   |                               |                    |   |
| Check Box(es) that Apply:               | Promoter              | Beneficial Owner  | Executive Officer             | Director           | General and/or                              |
| oneon Bon(es) macrippis.                |                       | Demonstration of the control of the |                               |                    | Managing Partner                            |
| Full Name (Last name first, i           | f individual)         |   |                               |                    |   |
| (2401 1141114 211015)                   | 1                     |   |                               |                    |   |
| Business or Residence Addre             | ss (Number and        | Street, City, State, Zip C  | ode)                          |                    |   |
| Justiness of Residence Heate            | 33 (Number und        | i   | ode)                          |                    |   |
| Check Box(es) that Apply:               | Promoter              | Beneficial Owner  | Executive Officer             | ☐ Director         | General and/or                              |
| Shock Box(co) that rippiy.              |                       | Denomoral owner   |                               |                    | Managing Partner                            |
| Full Name (Last name first, i           | f individual)         | <u> </u>  |                               |                    |   |
| un rume (Bust name mst, r               | i marridan)           |   |                               |                    |   |
| Business or Residence Addre             | ss (Number and        | Street City State Zin C   | ode)                          |                    |   |
| Justices of Acsidence Addie             | ss (Number and        | !   | 040)                          |                    |   |
| Check Box(es) that Apply:               | Promoter              | Beneficial Owner  | Executive Officer             | Director           | General and/or                              |
| shook box(co) mat Appry.                | romoter               | Deficitedat Owner   | DACCULIVE OFFICE              | ☐ Director         | Managing Partner                            |
| Full Name (Last name first, i           | f individual)         | !   |                               |                    |   |
| un Name (Last name IIISI, I             | i maividuai)          |   |                               |                    |   |
| Dunings on Desidence Add                | og /N                 | Street City Street 7' C   | odo)                          |                    |   |
| Business or Residence Addre             | ss (number and        | Succi, City, State, Zip C   | ouc)                          |                    |   |

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|  |   |             | <del></del>   | ·           | B. 1            | INFORMAT       | ION ABOU     | T OFFER     | ING             |             |          | ,                          |          |
|--|---|-------------|---------------|-------------|-----------------|----------------|--------------|-------------|-----------------|-------------|----------|----------------------------|----------|
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? |   |             |               |             |                 |                | Yes          | No          |                 |             |          |                            |          |
| Answer also in Appendix, Column 2, if filing under ULOE.   |   |             |               |             |                 |                | <u>Grand</u> | <u> </u>    |                 |             |          |                            |          |
| 2.   |   |             |               |             |                 |                | §_0.0        | \$_0.00     |                 |             |          |                            |          |
| 3.   | Does th   | ne offering | nermit ioir   | nt ownershi | in of a sing    | ole unit?      |              |             |                 |             |          | Yes                        | No       |
| 4.   |   |             |               |             |                 |                |              |             |                 |             |          | _                          |          |
|  | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |             |               |             |                 |                |              |             |                 |             |          |                            |          |
| Full<br>N/A  |   | Last name   | first, if ind | lividual)   |                 |                |              |             |                 |             |          |                            |          |
| Bus  | iness or  | Residence   | Address (N    | Number and  | d Street, C     | City, State, 2 | Zip Code)    |             |                 | .,,,,,-     | y, * *.  |                            |          |
| Nan  | ne of As  | sociated B  | roker or De   | aler        |                 |                |              |             |                 |             |          | <del></del>                |          |
| Stat   | es in Wh  | nich Person | Listed Ha     | s Solicited | or Intend       | s to Solicit   | Purchasers   |             |                 | <del></del> |          | <del></del>                |          |
|  | (Check  | "All State  | s" or check   | individual  | States)         |                |              | •••••       |                 |             | •••••    | ☐ Al                       | l States |
|  | AL  | AK          | AZ            | AR          | CA              | CO             | CT           | DE          | DC              | FL          | GA       | HI                         | ID       |
|  | IL  | IN          | IA            | KS          | $\overline{KY}$ | LA             | ME           | MD          | MA              | MI          | MN       | MS                         | MO       |
|  | MT  | NE          | NV            | NH          | NJ              | NM             | NY           | NC          | ND              | OH          | OK .     | OR                         | PA       |
|  | RI  | SC          | SD            | TN          | TX              | UT             | VT           | VA          | $\overline{W}A$ | WV          | WI       | $\overline{W}\overline{Y}$ | PR       |
| Full   | Name (  | Last name   | first, if ind | ividual)    |                 |                |              |             |                 |             |          |                            |          |
| Bus  | iness or  | Residence   | Address (     | Number an   | d Street, C     | City, State,   | Zip Code)    |             |                 |             |          |                            |          |
| Nan  | ne of Ass   | sociated B  | roker or De   | aler        |                 |                | <u></u>      |             |                 |             |          |                            |          |
| State  | es in Wh  | ich Persor  | Listed Ha     | s Solicited | or Intends      | to Solicit     | Purchasers   |             |                 |             |          |                            |          |
|  | (Check  | "All State: | s" or check   | individual  | States)         |                | •••••        |             |                 |             |          | ☐ Al                       | l States |
|  | AL  | AK          | AZ            | AR          | CA              | CO             | CT           | DE          | DC              | FL          | GA       | HI                         | ID       |
|  | IL  | IN          | IA            | KS          | KY              | LA             | ME           | MD          | MA              | MI          | MN       | MS                         | MO       |
|  | MT<br>RI  | NE SC       | NV<br>SD      | NH<br>TN    | NJ TX           | NM<br>UT       | NY<br>VT     | NC<br>VA    | ND<br>WA        | OH<br>WV    | OK<br>WI | OR<br>WY                   | PA<br>PR |
| <br>Fuli   |   |             | first, if ind |             | <u> </u>        |                |              | <u> </u>    |                 |             |          |                            |          |
|  |   |             |               |             |                 |                | <u> </u>     |             |                 |             |          |                            |          |
| Busi   | iness or  | Residence   | : Address (1  | Number an   | d Street, C     | City, State, 2 | Zip Code)    |             |                 |             |          |                            |          |
| Nam  | ne of Ass   | sociated Bi | oker or De    | aler        |                 |                |              | <del></del> |                 |             |          |                            |          |
|  |   |             |               |             |                 | to Solicit     |              |             |                 |             |          |                            |          |
|  | (Check  | "All States | s" or check   | individual  | States)         |                | ••••••       | •••••       |                 | ••••••      |          | All                        | States   |
|  | AL  | AK          | AZ            | AR          | CA              | CO             | CT           | DE          | DC              | FL          | GA       | HI                         | ID       |
|  | IL NE   | IN          | IA            | KS          | KŸ              | LA             | ME           | MD          | MA              | MI          | MN       | MS                         | MO       |
|  | MT  | NE SC       | NV<br>SD      | NH<br>TN    | NJ<br>TX        | NM<br>UT       | NY<br>VT     | NC<br>VA    | ND<br>WA        | OH<br>WV    | OK WI    | OR<br>WY                   | PA<br>PR |

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# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. |   | securities included in this offering and the total amount alread<br>e" or "zero." If the transaction is an exchange offering, check   |                                       |  |
|----|---|---|---------------------------------------|--|
|    | this box and indicate in the column   | s below the amounts of the securities offered for exchange and  |                                       |  |
|    | already exchanged.  |   | Aggregate                             | Amount Already                                     |
|    | Type of Security  |   | Offering Price                        | Sold   |
|    | Debt  |   | \$_814,000.00                         | \$_814,000.00                                      |
|    | Equity  |   | § 81,400.00                           | \$_81,400.00                                       |
|    |   |   |                                       |  |
|    | Convertible Securities (including   | warrants)   | \$                                    | \$   |
|    | Partnership Interests   |   | \$                                    |  |
|    |   |   |                                       |  |
|    |   |   |                                       | \$ 895,400.00                                      |
|    |   | endix, Column 3, if filing under ULOE.  | · · · · · · · · · · · · · · · · · · · |  |
| 2. | offering and the aggregate dollar amo   | on-accredited investors who have purchased securities in this unts of their purchases. For offerings under Rule 504, indicate urchased securities and the aggregate dollar amount of their "if answer is "none" or "zero"             | ;                                     |  |
|    |   |   | Number<br>Investors                   | Aggregate Dollar Amount of Purchases \$ 895,400.00 |
|    |   |   |                                       | *  |
|    |   |   |                                       | \$ 0.00  |
|    | , ,   | Rule 504 only)  | 19                                    | \$ <u>895,400.00</u>                               |
|    | Answer also in A  | ppendix, Column 4, if filing under ULOE.  |                                       |  |
| 3. | sold by the issuer, to date, in offering  | ale 504 or 505, enter the information requested for all securities of the types indicated, in the twelve (12) months prior to the Classify securities by type listed in Part C — Question 1.  |                                       |  |
|    | Type of Offering  |   | Type of<br>Security                   | Dollar Amount<br>Sold                              |
|    |   |   |                                       | \$   |
|    | •   |   |                                       | \$   |
|    | Rule 504  |   |                                       | \$   |
|    |   | · •   |                                       | \$ <u>0.00</u>                                     |
| 4  | securities in this offering. Exclude as<br>The information may be given as subj | nses in connection with the issuance and distribution of the mounts relating solely to organization expenses of the insurer ect to future contingencies. If the amount of an expenditure is heck the box to the left of the estimate. |                                       |  |
|    | Transfer Agent's Fees   |   |                                       | \$   |
|    | Printing and Engraving Costs  |   |                                       | \$   |
|    | Legal Fees  |   |                                       | \$_6,800.00  |
|    | Accounting Fees   |   |                                       | \$   |
|    | Engineering Fees  |   |                                       | \$   |
|    | Sales Commissions (specify find   | ers' fees separately)   |                                       | \$   |
|    | Other Expenses (identify) cons  | ulting & miscellaneous  | <b>7</b>                              | \$_6,500.00  |
|    |   |   | _                                     | \$ 13,300.00                                       |

|      | C. OTTERING TRICE   | , IVOITIBLE OF INV                          | ESTORS, EATENGES AND   | CSE OF TR   | OCLEDS   |                       |
|------|---|---|--|-------------|--|-----------------------|
|      | b. Enter the difference between the aggrega<br>and total expenses furnished in response to Pa<br>proceeds to the issuer."   | rt C — Question 4.a                         | . This difference is the "adju                               | sted gross  |  | \$882,100.00          |
| 5.   | Indicate below the amount of the adjusted greach of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response | t for any purpose is<br>total of the paymen | not known, furnish an esti<br>ts listed must equal the adjus | mate and    |  |                       |
|      |   |   |  |             | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others |
|      | Salaries and fees   |   |  |             | \$   | \$                    |
|      | Purchase of real estate   |   |  |             | \$   | \$                    |
|      | Purchase, rental or leasing and installation and equipment  | of machinery                                |  |             | \$   | _                     |
|      | Construction or leasing of plant buildings a  | and facilities                              |  |             | \$   | _                     |
|      | Acquisition of other businesses (including offering that may be used in exchange for t issuer pursuant to a merger)   | he assets or securit                        | ies of another   |             | \$   | □\$                   |
|      | Repayment of indebtedness   |   |  |             |  | <del></del>           |
|      | Working capital   |   |  |             | \$   | □\$                   |
|      | Other (specify): working interests in oil at  | nd gas drilling proj                        | ect  |             | \$   | \$ 882,100.00         |
|      |   |   |  |             | \$   |                       |
|      | Column Totals   |   |  |             | § 0.00   | <b>882,100.00</b>     |
|      | Total Payments Listed (column totals added  | d)(b  |  | ,, <b>,</b> | <b>Z</b> \$ <u>88</u>                                  | 82,100.00             |
|      | 1   | D. FEDE                                     | RAL SIGNATURE  |             |  |                       |
| sigi | issuer has duly caused this notice to be signed<br>nature constitutes an undertaking by the issue<br>information furnished by the issuer to any no                                | r to furnish to the U                       | .S. Securities and Exchange                                  | e Commissio | n, upon writte   |                       |
| SSI  | uer (Print or Type)   | Signature                                   | hil a  | Da          | Ralki  |                       |
|      | xton Energy, Inc.   |   | //www  |             |  | •                     |
|      | ne of Signer (Print or Type)<br>ert Freiheit  | Title of Sig                                | puer (Print or Type)   |             | <del>-</del>   |                       |
|      |   |   |  |             |  |                       |